

DIRECT DEPOSIT SIGN-UP FORM

(PORTUGAL)

APPLICATION FOR PAYMENT OF UNITED STATES SOCIAL SECURITY

MONTHLY BENEFITS BY DIRECT DEPOSIT

REQUERIMENTO PARA PAGAMENTO DA PENSÃO DA SEGURANÇA SOCIAL DOS ESTADOS
UNIDOS POR DEPÓSITO EM CONTA BANCÁRIA

Please make any necessary changes in Section 1A and complete and sign Section 2. Ask your bank to complete Section 3. Mail the completed form in the envelope provided.

SECTION 1 If the address below is incorrect or is your bank's address, please complete Section 1A.	SECTION 1A If the address in Section 1 is incorrect or is your bank's address, please print your correct mailing address below.
Social Security Claim Number Person Entitled to Payment	ADDRESS CHANGE
	This account is: ___ My own account ___ A joint account ___

SECTION 2

PAYEE CERTIFICATION I certify that I have read and understand the message sent with this form. In signing this form, I authorize the Social Security Administration to send my payment to my bank and deposit it in the designated account. I understand that personal information in these payments will be treated confidentially, but I consent to disclosure of payment information that is compelled by law or necessary to protect against fraud or crime.		JOINT ACCOUNT HOLDER=S CERTIFICATION I certify that I have read and understand the message sent with this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE	DATE	SIGNATURE	DATE
YOUR DAYTIME TELEPHONE NUMBER			

SECTION 3 (Ask your bank to complete this section.)

This account must be in euros.

NAME OF BANK NOMO DO BANCO											PHONE NUMBER NÚMERO TELEFONE							
ADDRESS OF BANK MORADA																		
Bank Code Código da IC	Branch Code Código de balcão			Account Number Nº de conta						Check Digits Digitos de controlo								
DATE DATA				SIGNATURE OF BANK OFFICIAL ASSINATURA DO RESPONSÁVEL PELA INFORMAÇÃO														

MAIL COMPLETED FORM TO:

International Treasury Services
Federal Reserve Bank of New York
E. Rutherford Oper. Ctr., 1st Floor
100 Orchard Street
E. Rutherford, NJ 07073
USA

IMPORTANT INFORMATION - PLEASE READ CAREFULLY

The information you give on this form is confidential. We need the information to send your U.S. Social Security payments electronically to your Portuguese bank account.

WHEN YOU WILL RECEIVE YOUR DIRECT DEPOSIT PAYMENTS

Your payment will be sent through the Portuguese banking system and will usually be in your bank account 2 days after the U.S. payment date. If the payment date is not a Portuguese banking day, your payment will be in your account on the next banking day.

INFORMATION ABOUT CURRENCY CONVERSION

Your U.S. Social Security payment is automatically converted to euros at an interbank exchange rate a few days before it is deposited into your account.

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

If you have a joint account with a person who receives Social Security payments, and that person dies, you must immediately contact your bank **and** the U.S. Social Security Administration. Any Social Security payments deposited into a joint account after the death of a beneficiary must be returned to Social Security. As soon as we are advised of the death, if you are eligible to receive Social Security, we will determine whether your benefit amount will change and will send you any money that we owe you.

IF YOUR ADDRESS CHANGES

If your address changes, you must inform the American Embassy in Lisbon, or the U.S. Social Security Administration. If the Social Security Administration has to contact you and cannot locate you, your payments may be stopped.

CHANGING BANKS OR BANK ACCOUNTS

If you change your bank or your account, you must notify one of the offices below.

Embaixada Americana
Federal Benefits Unit
Apartado 4258
1507 Lisboa Codex

International Treasury Services
Federal Reserve Bank of New York
E. Rutherford Oper. Ctr., 1st Floor
100 Orchard Street
E. Rutherford, NJ 07073
USA

Social Security Administration
Office of International Operations
PO Box 17769
Baltimore, MD 21235-7769
USA

Do not close your old account until payments have started coming to your new account.

PAPERWORK REDUCTION ACT STATEMENT

This information meets the requirements of 44 U.S.C. §3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: SSA, 1338 Annex building, Baltimore, MD 21235-0001. ***Only comments relating to our time estimate should be provided, not the completed form.***